



ARIZONA STATE BOARD OF PHARMACY

OFFICIAL APPLICATION FOR REGISTRATION AS LICENTATE IN PHARMACY BY RECIPROCITY/LICENSURE TRANSFER

Fee: \$300.00

All documents required must be in the Board office
before you are eligible for the Exam.

PLEASE PRINT

(Miss)

(Mrs)

I, (Mr)

Full name of applicant

Street and Number

City

State

Zip

hereby make application for reciprocal/licensure transfer from the State
of _____ based on original licensure by examination in said state
on _____ (date) and attach hereto my completed National
Association of Boards of Pharmacy application form in support of my
application which I understand is subject to review and approval by the
Arizona Board of Pharmacy.

My Pharmacist Registration (License) is in good standing in the state from
which I am applying. There are no civil, criminal or administrative charges
against me or my license to practice pharmacy in any state or jurisdiction
(past, present or pending).

Work history (*circle one):

I have (have not)* practiced at least one year since registration.

I have (have not)* been in continuous practice of pharmacy since original registration. If applicant has not
been in continuous practice, please indicate type of employment, business, et cetera, engaged in and for
how long.

(continue on back of application if more room needed)

Proof of Identity

To prove identity, check proper box and send document.

Birth Certificate ☐ Other Affidavits ☐ specify type _____

If name is different from birth certificate, please submit supporting evidence ☐

I am expecting to take the MPJE (Multistate Pharmacy Jurisprudence Examination), and under no
circumstances later than 12 months after filing of this application, as I understand the application
becomes null and void if I do not complete the reciprocity/licensure transfer.

I solemnly swear and affirm I have personally filled in this form, and that the information is true and correct to
the best of my knowledge and belief.

Applicant sign name here in full

Subscribed and sworn to before me this _____ day of _____

In the County of _____

In the State of _____

Notary Public

My Commission Expires _____

Fee Paid _____

Receipt No. _____

Receipt Date _____

Reciprocity GRANTED (or DENIED)

Cert. No. _____

Date of Reg. _____

(Office Use Only)

Paste One Photo
in this space and
send with application

(Approx 2 1/2 x 3)

Photo must be a
recent likeness

Signature must appear
on photo

Present second photo when
appearing before Board